Exhibit B



LETTER OF AGENCY AUTHORIZATION TO ALLOW CHANGES TO YOUR LOCAL TOLL SERVICE PROVIDER AND/OR LONG DISTANCE SERVICE PROVIDER

LONG DISTANCE SERVICE PROVIDER		
Customer Name:	Datalibon Degisms	Telephone No: 415-882-8700
By signing below, I a service provider for l	uthorize SBC California and/or Si ocal toll service and/or long distar	BC Long Distance Company to become my new nee service.
I authorize SBC Calif	fornia and/or SBC Long Distance	Company to act as my agent to make this change
to switch my local toll may apply when switch provider for local toll may be required to parand/or SBC Long Distand that by signing be	l provider may apply and \$5.26 per ching both to the same carrier. In service and long distance. If I late y a reconnection charge to that contains tance Company may have different low I indicate that I understand the	for long distance service only. Or a charge of \$2.49 or line to switch my long distance service provider addition, I understand that I can choose only one er wish to return to my current service provider, I impany. I also understand that SBC California it rates and charges than my current service provider, ose differences (if any). Check only one box below. Out whether a fee will apply to my change in
1. By checking l'number(s) listed b	here, I authorize SBC California to elow, and no others.	o provide local toll service to my telephone
2. Desching la telephone number	or acre, I authorize SBC Long Distant (s) listed below, and no others.	ice Company to provide local toll service to my
Telephone numbers to nitialed by the person	be changed: If more space is need signing below.	led, please attach a separate list, each page to be
415.882.63	33 415.503.08	386
OTE: The above liste	ed telephone number(s) represent	the billed telephone number and all associated
ulhorized Signature:	January January W.	Date:

3. By checking here, I authorize SBC Long Distance Company to provide long distance service to my telephone number (s) listed below, and no others.

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HIS-882-8700 415-503-0886
15.255.1633
OTE: The above listed telephone number(s) represent the billed telephone number and all associated working telephone numbers unless stated otherwise.
thorized Signature: Date: Date:
ertify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen its of age, and that I am authorized to change companies for services to the telephone numbers listed ive.
horized Signature: horized Name (PRINT): The Lewis npany Name (For businesses only): phone number of individual authorized to make this change(s)
to:

Form Retention Period: 2 Years